Agency Report of: Ceremonial Role Events and **Ticket/Admission Distributions**

A Public Document

1.	Agency Name					Date Stamp California			
	County of Alameda						Form	802	
	Division, Department, or Region (if applica			For Official	Use Only				
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title)							No. No. of the control of the contro	
	Crystal Hishida Graff, Clerk, Board of Supervisors					Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number E-mail					Date of Original Filing:			
	(510) 272-3882 crystal.his								
2. Function, Event, or Ceremonial Role Information									
Title Face Value of Each Admissio							sion \$ <u>\$95 +</u>	\$18-park	
	escription Warriors vs. Grizzlies Date(s					3 7 12			
Ticket(s)/Admission(s) provided by agency? Yes No If no: Golden State Warriors Name of Source Was the distribution to persons identified below made at the behest of an agency official? Yes No Supervisor Wilma Chan Official's Name (Last, First) and Title The identity of recipient(s) and the explanation:								***************************************	
	Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official		Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.				
	Johnson, Rose	4 tickets + 1	Yes No			e attendance at an ev cility in order to maxim		Income	
		parking pas	Yes No		County rev	venue from sales.		Income	
			Yes				The second secon	Income	
			No						
			Yes					Income	
			No						
			Yes					Income	
1200005			No						
3.	Verific I have r is in acc	: 18944.1 and	: 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,						
		dra Boskov	dra Boskovich			t Administrator	3/5/2012		
	Signa	Print Nar	Print Name			Title	(mon	th, day, year)	
	Comm	ny additional information including amendment explanation.)							